

ENCOUNTER REPORT

This is to verify that _____ provided _____ total encounters this
quarter and _____ encounters utilizing the sliding fee scale at _____
(approved service site)
for the service quarter beginning _____ and ending _____.
(MM/DD/YY) (MM/DD/YY)

This signed and notarized form is due 10 business days after the last day of the completed quarter. The form shall be submitted to:

Arizona J-1 Visa Waiver Program
Office of Health Systems Development
Arizona Department of Health Services
1740 West Adams Street, Room 410
Phoenix, Arizona 85007

I hereby verify I have provided these services.

Signature of Obligated Provider

Date

State of Arizona)

)

County of)

The foregoing instrument was acknowledged before me this _____ day of _____, _____,

by _____.

Notary Public

My Commission Expires: _____

I hereby verify that the above information is accurate.

Signature of Service Site Executive Director/Administrator
or authorized signatory

Date

State of Arizona)

)

County of)

The foregoing instrument was acknowledged before me this _____ day of _____, _____,

by _____

Notary Public

My Commission Expires: _____